

Pre Employment Medical Examination (PEME)

Medical Standard- Implementation

Applicability	Seafarers Age	PEME Frequency	Standard	*Framingham Test Score
All Sea Staff (no medical condition)	<45 years old	2 yearly	Flagstate-STCW/MLC2006	N.A
All Sea Staff	@ 45 Years	1 time screening	Flagstate-STCW/MLC2006 UK P&I standard +	Yes
All Sea Staff (no medical condition)	Age > 45 < 50 years old	2 yearly	Flagstate-STCW/MLC2006	Yes
All Sea Staff	≥ 50 Years old	Yearly	Flagstate-STCW/MLC2006 UK P&I standard +	Yes
All Sea Staff with medical condition	All Age Group	Yearly	Flagstate-STCW/MLC2006 UK P&I standard +	Yes

*Framingham test (Link on page 9 of Guidance notes)- Analysis of 10 year risk of coronary heart disease.

Notes: For staff under medication, the medicine should be available for the full contract duration + two month. The seafarer is required to inform the Master if he/she is under medication and show the medicines carried.



Name (last, first, middle):	RAHMAN MD ASHIQUR	Company ID :	20110584
Date of birth (DD/MMM/YYYY):	31/12/1991	Gender (Female / Male):	M
Home address:	Village : Shingler Majhipara, P.O: Skolokhar, PS: Sreenagar, Dt: Munshiganj.		
Passport No.:	B00062003	Discharge Book No.:	010/11834
Type of ship (LNG / Petroleum / Chemical tanker):	Petroleum	Nationality:	Bangladeshi
Trade area (e.g., coastal, worldwide):	Worldwide	Rank:	3/E

Sect.	Items	Result(s)		Remark(s)
		Positive	Negative	
A	Alcohol		✓	
B	Drug		✓	
	Amphetamine		✓	
	Cannabinoids		✓	
	Cocaine		✓	
	Opiates		✓	
	Phencyclidine		✓	
	Benzodiazepine		✓	
	MDMA (Ecstasy)		✓	

Sect.	Items	Normal	Abnormal	Remark(s)
C	Spirometer (Pulmonary Function Test)	✓		
Sect.	Items	Normal	Abnormal	Remark(s)
D	Audiometry Test	✓		
E	Blood Test			
	1. Full Blood Picture, CBC, Blood typing, blood chemistry.	✓		
Sect	ITEMS	Normal	Abnormal	Remark(s)
	2. Hepatitis A Screening	✓		
	3. Hepatitis B Screening	✓		
	4. Hepatitis C Screening	✓		

	5. HIV Test	✓		
	6. VDRL	✓		
	7. SGPT	✓		29 U/L
	8. SGOT	✓		21 U/L
	9. Bilirubin	✓		0.6 mg/dL
	10. Alkaline phosphatase	✓		182 mg/dL
	11. BUN	✓		21 mg/dL
	12. Creatinine	✓		0.7 mg/dL
	13. FBS (Fasting Blood Sugar) & Post Prandial	✓		6.2 mmol/L
F	Blood Test (Chemical Tankers only if carrying any of the below chemical) To test within 2 weeks of signing-off. Any other tests specified by DOSH (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying.	✓		
	1. Benzene	Negative		
	2. Xylene	Negative		
	3. Phenol	Negative		
	4. Ammonia	Negative		
Sect.	Items	Normal	Abnormal	Remark(s)
G	ECG	✓		
H	USG (Full abdomen) + KUB ultrasound	✓		
I	Chest X-Ray (Digital)	✓		
J	Psychological Examination	✓		
K	Dental Examination	✓		
L	Stool Test (For Food Handlers Only)	✓		
M	Pregnancy (For Female Only)	✓		
N	Urinalysis (Protein / Sugars)	✓		
O	Treadmill test	✓		
Sect	Items (Medical standards**)	Normal	Abnormal	Remark(s)
P	1. Body Mass Index (BMI) Please enter weight and height below. Weight = <u>78</u> Kgs Height = <u>1.67</u> metres BMI = Weight (in kgs) ÷ (height in metres) ²	Normal		27.9

2. Lipid Profile (On treatment) *Classification standard to NCEP ATP-III : i. Total Cholesterol < 5.2 : Desirable 5.2 – 6.2 : Borderline > 6.2 : High Risk ii. LDL Cholesterol < 2.58 : Optimal 2.58 – 3.34: Near optimal 3.35 – 4.11: Borderline 4.12 – 4.89: High > 4.9 : Very high	Normal	163mg/dL	90mg/dL
3. Hypertension (With medication)	Normal		
4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) *Classification standard for diabetes : 3.0 – 6.0% : Non-diabetic 6.1 – 7.0% : Good control 7.1 – 8.0% : Fair control > 8.1% : Poor control	Normal	5.0%	
5. Asthma	Normal		

**Refer Guidance Notes page 8

Q	Vaccination History	Last Taken
	1. Oral Cholera	07 APR 2023
	2. Yellow Fever	07 APR 2023
	3. Typhoid (Catering Staff Only)	
	4. Others (Please Specify): _____	

R	Examinee's personal declaration (Assistance should be offered by medical staff)			
Have you ever had any of the following conditions?				
No.	Condition (If answered "yes," please give details)	Yes	No	Remark(s)/Details
1	Eye/vision problem		✓	
2	High blood pressure		✓	
3	Heart/vascular disease		✓	
4	Heart surgery		✓	
5	Varicose veins		✓	
6	Asthma/bronchitis		✓	
7	Blood disorder		✓	
8	Diabetes		✓	

9	Thyroid problem		/	
10	Digestive disorder		/	
11	Kidney problem		/	
12	Skin problem		/	
13	Allergies		/	
14	Infectious/contagious diseases		/	
15	Hernia		/	
16	Genital disorders		/	
17	Pregnancy		/	
18	Sleeping problems		/	
19	Lungs and Chest problems		/	
20	Operation/surgery		/	
21	Epilepsy/seizures		/	
22	Dizziness/fainting		/	
23	Loss of consciousness		/	
24	Psychiatric problems/ Depression		/	
25	Problems in the Breast		/	
26	Attempted suicide		/	
27	Loss of memory		/	
28	Balance problem		/	
29	Severe headaches		/	
30	Ear/nose/throat problems		/	
No.	Condition (If answered "yes," please give details)	Yes	No	Remark(s)/Details
31	Restricted mobility		/	
32	Back/ Spine problems		/	
33	Neurologic problems		/	
34	Fractures/dislocations		/	
35	Relevant Family Medical History (E.g. Diabetes, stroke, heart disease, high blood pressure)		/	
36	Have you ever been signed off as sick or repatriated from a ship?		/	
37	Have you ever been hospitalized?		/	
38	Have you ever been declared unfit for sea duty?		/	
38	Has your medical certificate ever been restricted or revoked?		/	
40	Are you aware that you have any medical problems, diseases or illnesses?		/	
41	Do you feel healthy and fit to perform the		/	



	duties of your designated position/occupation?		✓	
42	Are you allergic to any medications?		✓	
43	Are you taking any non-prescription or prescription medications? (If yes, please list the medications taken and the purpose(s) and dosage(s).) Please specify the quantity of each medicine carried.		✓	
44	Others Condition (Please Specify): _____		✓	

Sect.	Items	Remarks
S	Vital Parameters	
	1. Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance	
	2. Blood Pressure	120/80 mm.
	3. Pulse Rate	78 b/min.
	4. Vision Test	Left Right
	i. aided	6/6 6/6
	ii. unaided	
	5. Color Vision (Ishihara Plates): 24/38	NS NS

I hereby certify that the personal declaration above is a true statement to the best of my knowledge, and that I am not suffering from any disease likely to aggravate by working aboard a vessel or to render me unfit for service at Sea or endangering the health of other personnel on board. Non disclosure of pre existing conditions will prejudice all my benefits under the CBA or Company's terms and

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to DR. MIR MD RAIHAN MBBS (DU), DFM (Approved Medical Examiner).

Signature of examinee:	<i>Mr. Amirul Rahman</i>	Witnessed by: (Signature)	
Date (day/month/year):	07/04/2023	Witnessed by: (Name)	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

Assessment of fitness for service at sea



On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

No.	Assessment of Fitness	Fit	Unfit	Remarks
1	Look-Out Duty	☒	☐	
2	Deck Service	☐	☐	
3	Engine Service	☒	☐	
4	Catering Service	☐	☐	
5	Other Services (Please Specify):	☐	☐	

No.	Describe Restrictions (e.g., specific positions, type of ship, trade area)	Remarks
	No Restrictions	Fit To Sail

Action taken by medical examiner (e.g., referral): _____

Place of examination: **RADICAL HOSPITAL LIMITED**

Date of examination (day / month / year): **07 APR 2023**

Medical certificate's date of expiration (day / month / year): **06 APR 2025**

Official stamp:

Signature of medical examiner: _____

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name of medical examiner: (typed or printed) DR. MIR MD. RAIHAN MBBS (DU), DFM

Authorized by: DG SHIPPING BANGLADESH (competent authority)

Remarks: The maximum validity of this certificate.

- For age <50 Years with no medications – 2 Years
- For ≥ 50 Years – 1 Year.
- For all age groups with medications – 1 Year.
- Tests prescribed should be in accordance with local laws.
- Seafarer under medication to carry prescription and medicines for the tenure of the contract + 1 month.

**** Guidance Notes:**

BMI 36 – 40:

- BMI alone should not be a restricting fact for determining medical fitness, other comorbidities needs to be considered.
- The seafarer can adequately and safely perform his job functions.
- The seafarer has the appropriate level of fitness for general mobility (including climbing stairs repetitively).
- The seafarer has the appropriate level of fitness to respond to emergency situations and is able to successfully take part in evacuations without compromising their own safety and that of others.



- The seafarer is able to escape from a helicopter through a standard sized escape hatch
- Seafarer to undergo a Weight Management (WM) program for maximum 1 year on Company's account to bring down the BMI till ≤ 35 .
- Eaglestar will support the seafarer by assigning the approved medical insurance provider (WM) program.
- After 1 year the WM program and the PEME will be to the seafarer account.
- Seafarer service status will remain "active" for a period of one year. Subsequent employment is subject to vacancy.
- While onboard, Medical Officer will monitor the weight and update HR Sea and HSSE on a monthly basis.
- While ashore, seafarer will need to update HR Sea & Manning office on monthly basis the status of weight management program

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35 : Meet the standard

BMI 36 – 40*: Do not meet the standard.

Inform Manning Office. To be put under Weight Management program for 1 yr.

BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

LDL < 4.1 mmol/L

HDL > 1.5 mmol/L

Cholesterol level alone should not deem a person unfit for work. The Health Physician will have to assess other co-morbidities i.e. High Blood Pressure, Smoking history, Past history of Heart Attacks, etc

Section P 3. - Hypertension (With medication)

140/90 or below with medication

As a general rule, individuals with hypertension are acceptable, provided it is uncomplicated and well controlled by treatment.

Section P 4. – Diabetes Mellitus HbA1c (% of sugar for past 3 month)

< 8% & Non-Insulin dependent diabetes

- If HbA1C > 8%, doctor to review medication and repeat HbA1C after 3 months.
- To look at other co-morbidities i.e. Heart disease, obesity, Hypertension when certifying Fitness to Work.

Insulin-dependent diabetes – Not fit for work seafarer's duty.

Section P 5. – Asthma

Not requiring the use of oral or inhaled steroids

- Doctor to assess the frequency of asthma attack and medications.
- If asthma is un-controlled – Temporary Unfit. Doctor to re-assess fitness to work 3 to 6 monthly.

If asthma is controlled without steroid medication use – Fit for work.

*Framingham Score Calculator

<https://www.mdcalc.com/framingham-risk-score-hard-coronary-heart-disease>

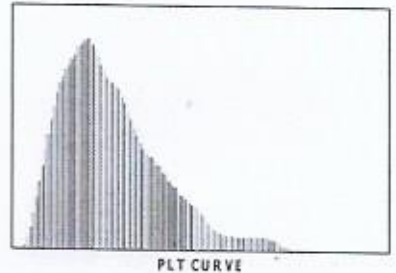
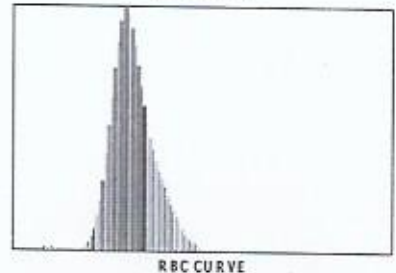
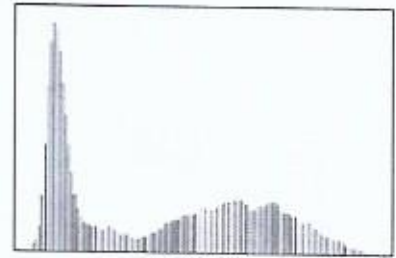
Seafarers with high risk scores(>10%) should be counselled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet etc) and also managed with blood pressure and lipid evaluation.

Id No : 0159 **Date** : 07-Apr-2023 **D.Date** : 07-Apr-2023
Patient's Name : MD ASHIQUR RAHMAN **Age** : 31Y 3M 8D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/11834

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	142 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.3 %	M: 40-54%, F:37-47%
MCV	74.5 fL	76 - 94 fL
MCH	26.9 pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	15.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,33,000 /cumm	150,000-450,000/cumm
MPV	9.4 fL	7.0 - 11.0 fL
PCT	0.219 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]
Checked By
Medical Technologist

[Signature]
Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA23040159	Received Date	07/04/2023
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	31Y 3M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11834
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	6.2 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.0 %	4.0- 6.0 %
Serum (BUN)	21 mg/dl	7-23 mg/dl
Serum Creatinine	0.76 mg/dl	0.3 - 1.3 mg/dl

Liver Function Test

Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

Lipid profile

Serum Cholesterol	163 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	139 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	90 mg/dl	<130 mg/dl

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS

Checked By

[Signature]

Medical Technologis
Radical Hospitals Ltd.

[Signature]

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23040159	Received Date	07/04/2023
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	31Y 3M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11834		
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive

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Medical Technologist
Radical Hospitals Ltd.



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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23040159	Received Date	07/04/2023
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	31Y 3M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11834		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

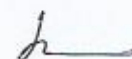
ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

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Medical Technologist
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Dr. Sumaiya Khatun
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Bill No	DIA23040159	Received Date	07/04/2023
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	31Y 3M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/11834	

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By


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Bill No	DIA23040159	Received Date	07/04/2023
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	31Y 3M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11834
Sample	URINE		

URINE EXAMINATION

Test Name

Result

Xylene	Negative
--------	----------

Checked By



Medical Technologist
Radical Hospitals Ltd.



Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

AUDIOLOGICAL REPORT

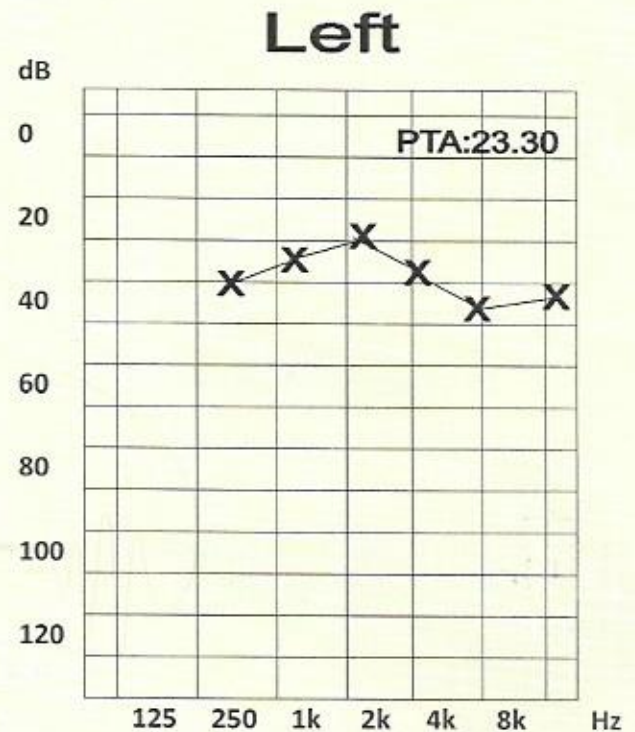
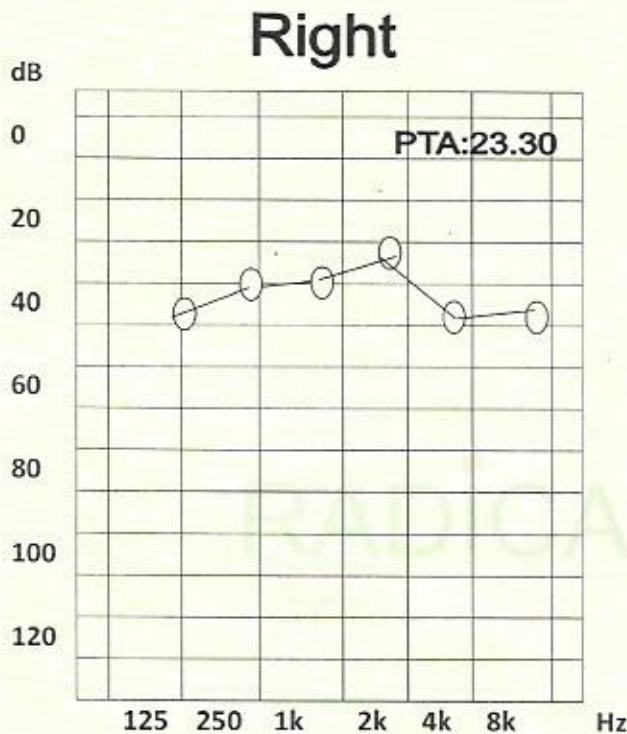
Patient Name : MD ASHIQUR RAHMAN

07/04/2023

Age : 31 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient's Name	:	MD ASHIQUR RAHMAN	ID NO	:	23040159
Age	:	31 Yrs	Date	:	07/04/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23040159	Receive: 07/04/2023	Print: 07/04/2023
Patient's Name	: MD ASHIQUR RAHMAN		
Age	: 31 Yrs	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



Prof. Dr. Md. Mojibor Rahman
 MBBS, DMRD (Radiology & Imaging)
 Head of the Department (Radiology & Imaging)
 Sylhet Women's Medical College Hospital

ID: 68

07-04-2023 09:03:26 PM

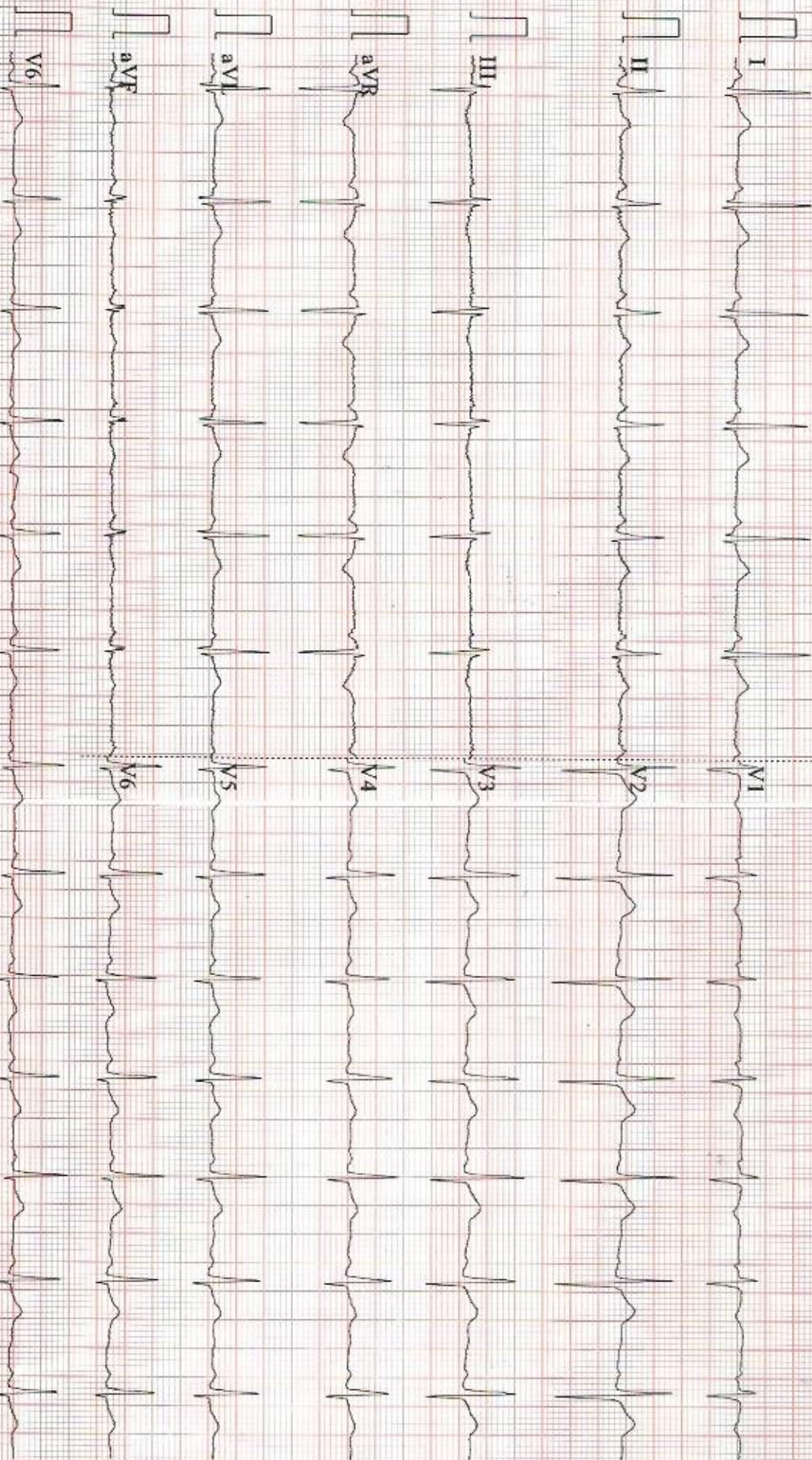
Mr. Asmita Rahm
Male 32 Years

P	: 104	ms
PR	: 140	ms
QRS	: 82	ms
QT/QTc	: 366/415	ms
P/QRS/T	: 45/18/18	°
RV5/SV1	: 0.92/0.57	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040159 Receive: Print: 07/04/2023
Patient's Name : MD ASHIQUR RAHMAN
Age : 31 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 87 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

Patient's Name	:	MD ASHIQUR RAHMAN	ID NO	:	23040159
Age	:	31 Yrs	Date	:	07/04/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

Checked By



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient's Name	:	MD ASHIQUR RAHMAN		
Age	:	31 Yrs	Date	: 07/04/2023
Sex	:	Male	CDC NO:	C/O/11834
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESNP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent
Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10	

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited



Patient ID	23030159	Test Date	07/07/2023		
Patient Name	MD ASHIQUR RAHMAN	Age	31 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

Body Mass Index = $\frac{\text{Weight in kg}}{(\text{Height in Meter})^2}$

= $\frac{78\text{kg}}{(1.67)^2}$

= 27.9

BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.

RADICAL

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient ID	23040159	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	07/04/2023
Patient Name	ASHIQR RAHMAN		
Age	31 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Normal in size 12.8cm, regular in shape and normal position. **The echogenicity of the parenchyma is increased** . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal.

No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.6 x 3.3)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-8.5cm, LK-9.9cm regular in shape. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 17.8cc,regular in shape. Echogenicity is homogenous.

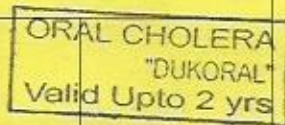
No area of calcification is seen.

IMPRESSION: Fatty change in liver.Grade-2

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that MD ASHIAUR RAHMAN date of birth 31/12/1997 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows MD. Ashiaur Rahman
dont la signature suit _____
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date 1 07 Apr 2023	Signature and professional Status of Vaccinator Signature et qualifc profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
	DR. MIR MD. RAIHAN MBBS (DU), BFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it. May render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

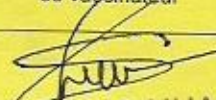
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that *MD RASHIDUR RAHMAN* date of birth *31/12/1991* Sex *M*
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____

Whose signature follows _____
don't la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
07 APR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDCC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period of ten years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.